

MANAGEMENT EVALUATION WEBINAR

FRIDAY, FEBRUARY 22, 2019



HOW TO LISTEN IN

This webinar will be held in “listen only” mode.

There are two ways to connect to audio:

1. Via phone
2. Via computer



HOW TO ASK QUESTIONS

- Type your questions into the question pane on your control panel anytime during the presentation.
- At the end of the presentation, we will address as many questions as possible.
- We will follow-up on questions that we cannot get to during the live presentation.



AGENDA

**QUESTIONS &
ANSWERS
FROM FFY
2018
MANAGEMENT
EVALUATION
ROAD SHOWS**

**EXPEDITED
SERVICE**

**VOTER
REGISTRATION
PROCESS**

**CASE REVIEW
FORMS**

**MANAGEMENT
EVALUATION
SCORECARD
FFY
2018/2019**

Q&A



FEDERAL FISCAL YEAR 2018



**Management
Evaluation
Road Shows**

REQUEST FOR VERIFICATION (CW 2200)

Q.

**CAN THE DUE DATE ON THE
CW 2200 FALL ON A WEEKEND OR
HOLIDAY?**

A.

**THE HOUSEHOLD MUST BE ALLOWED
10 CALENDAR DAYS TO COMPLETE THE
REQUEST. WHEN THE DUE DATE LANDS
ON A WEEKEND OR HOLIDAY, THE
HOUSEHOLD HAS UNTIL THE CLOSE OF
BUSINESS ON THE FOLLOWING
WORKING DAY TO COMPLETE THE
REQUEST.**

MPP 63-102.2(r)(3)

REQUEST FOR VERIFICATION (CW 2200)

| | | | | DATE: 1/3/2019 |
|--|--------|-------------------|-----------|---|
| You have asked for <input type="checkbox"/> CalWORKs (CW) <input checked="" type="checkbox"/> CalFresh (CF) <input type="checkbox"/> Medi-Cal (MC) | | | | |
| We need proof from you to see if you can get (or keep getting) cash aid or other benefits. We have listed the information we need below. We will not deny or end your benefits as long as you try to get the proof and tell us if you are having problems. | | | | |
| Due Date | Item # | Item | Person | Pro-gram |
| 1/13/19 | 6 | Proof of Identity | Mary Tzah | <input type="checkbox"/> CW <input checked="" type="checkbox"/> CF <input type="checkbox"/> MC |
| | | | | <input type="checkbox"/> I don't know <input type="checkbox"/> I tried to get proof <input type="checkbox"/> I know I can verify information <input type="checkbox"/> I have filled out the Release form to get help |
| | | | | <input type="checkbox"/> CW <input type="checkbox"/> CF <input type="checkbox"/> MC |
| | | | | <input type="checkbox"/> I don't know <input type="checkbox"/> I tried to get proof <input type="checkbox"/> I know I can verify information <input type="checkbox"/> I have filled out the Release form to get help |

| January 2019 | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |

DENIAL ACTIONS ON THE 30TH DAY

Q.

**WHAT ACTION DOES THE CWD
TAKE WHEN DENIAL ACTIONS FALL
ON A WEEKEND?**

A.

**FOR 30-DAY DENIAL ACTIONS FALLING
ON A WEEKEND, A FULL 30 DAYS MUST
HAVE PASSED BEFORE THE DENIAL
ACTION CAN BE IMPOSED. ANY 30-DAY
DENIAL ACTION FALLING ON A
WEEKEND, IS EFFECTIVE AND DATED
THE FOLLOWING BUSINESS DAY.**

ACIN I-58-08

DENIAL ACTIONS ON THE 30TH DAY

**INITIAL
APPLICATION**

EXAMPLE

ANNA APPLIED FOR CALFRESH ON DECEMBER 20, 2018. ANNA COMPLETED HER INTERVIEW ON DECEMBER 24, 2018 AND WAS GIVEN A CW 2200 DUE JANUARY 3, 2019. ANNA DID NOT COMPLY WITH THE REQUEST. WHEN IS THE DENIAL ACTION EFFECTIVE AND DATED?

THE DENIAL IS EFFECTIVE AND DATED JANUARY 22, 2019.

| December 2018 | | | | | | | January 2019 | | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 | 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 | | | | | | | |

NOTICE OF MISSED INTERVIEW (NOMI) at APPLICATION

Q.

**WHEN THE HOUSEHOLD
MISSES THEIR INITIAL
INTERVIEW APPOINTMENT,
THE CWD WILL SEND A NOMI.
WHAT DATE SHOULD BE
POPULATED ON THE NOMI?**

A.

**THE NOMI SHOULD BE DATED
TO REFLECT THE 30TH DAY
FROM THE DATE OF THE
APPLICATION.**

NOTICE OF MISSED INTERVIEW (NOMI)

**INITIAL
APPLICATION**

EXAMPLE:

JIM APPLIED FOR CALFRESH ON DECEMBER 3, 2018 AND MISSED HIS INITIAL INTERVIEW APPOINTMENT ON DECEMBER 6, 2018. THE CWD WILL SEND A NOMI. WHAT DATE SHOULD BE POPULATED ON THE NOMI?

THE DATE ON THE NOMI SHOULD BE JANUARY 2, 2019.

| December 2018 | | | | | | | January 2019 | | | | | | |
|---------------|--------|---------|-----------|----------|--------|----------|--------------|--------|--------------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 | 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 | | | | | | | |

NOMI at RECERTIFICATION

Q.

**WHEN THE HOUSEHOLD
MISSES THEIR INITIAL
RECERTIFICATION INTERVIEW
APPOINTMENT, THE CWD WILL
SEND A NOMI. WHAT DATE
SHOULD BE ON THE NOMI?**

A.

**THE NOMI SHALL BE DATED TO
REFLECT THE END OF THE
CURRENT CERTIFICATION
PERIOD, EVEN WHEN THE
CERTIFICATION END DATE
FALLS ON A WEEKEND OR
HOLIDAY.**

ACL 19-10

NOTICE OF MISSED INTERVIEW (NOMI)

EXAMPLE:

SAM WAS SCHEDULED FOR A RECERTIFICATION INTERVIEW ON SEPTEMBER 10, 2018 AT 2:00 P.M. THE WORKER CALLED SAM AND WAS UNABLE TO MAKE CONTACT. THE CWD WILL SEND A NOMI. WHAT DATE SHOULD BE ON THE NOMI?

THE DATE ON THE NOMI SHOULD BE SEPTEMBER 30, 2018.

RECERTIFICATION

| September 2018 | | | | | | |
|----------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 26 | 27 | 28 | 29 | 30 | 31 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 |

NOTICE OF MISSED INTERVIEW (NOMI)

SCENARIO # 1

JOE WAS SCHEDULED FOR A CALFRESH INTERVIEW ON JANUARY 3, 2019 AT 9:00 A.M. JOE CALLED THE COUNTY ON JANUARY 3, 2019 AT 8:00 A.M. TO RESCHEDULE HIS INTERVIEW. IS THE CWD REQUIRED TO SEND A NOMI?

- **A NOMI IS NOT APPROPRIATE. THE APPLICANT/RECIPIENT RESCHEDULED THEIR INTERVIEW PRIOR TO THE SCHEDULED TIME.**

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
CALFRESH NOTICE OF MISSED INTERVIEW.

COUNTY OF _____

Worker's Name _____
Telephone Number _____
Address _____

Questions? Ask your worker.


State Hearing: If you are wrong, you can appeal. If you win, you can get back of this past month's benefits. If you lose, you may lose your benefits for a hearing. If you still have questions, ask your worker.

You were scheduled for an interview on _____, but you did not attend. If you still want CalFresh benefits, please contact your worker.

You must complete your interview with your worker.

You must be interviewed in order for us to determine your eligibility for CalFresh benefits. If you do not complete an interview, you will not be able to get CalFresh benefits.

If you have any questions or want more information, please contact your worker.



NOTICE OF MISSED INTERVIEW (NOMI)

SCENARIO # 2

MARY WAS SCHEDULED FOR A CALFRESH INTERVIEW ON JANUARY 2, 2019 AT 10:00 A.M. THE CWD CALLED MARY ON JANUARY 2, 2019 AT 10:00 A.M. TO COMPLETE THE INTERVIEW. MARY ANSWERED AND STATED SHE COULD NOT COMPLETE THE INTERVIEW AT THE MOMENT. MARY REQUESTED TO RESCHEDULE. IS THE CWD REQUIRED TO SEND A NOMI?

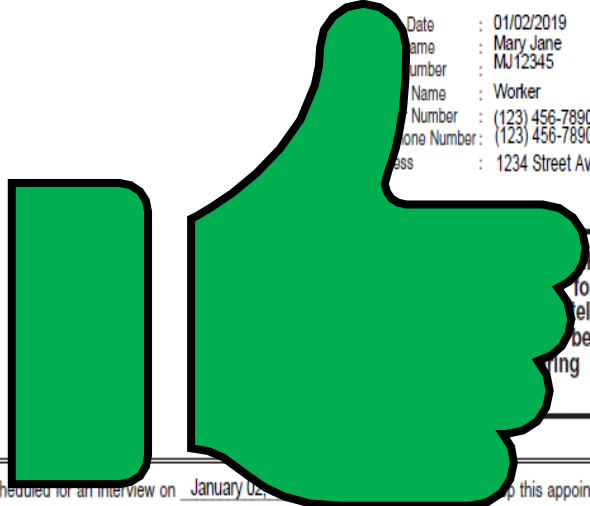
- **A NOMI IS APPROPRIATE. THE APPLICANT/RECIPIENT WAS NOT AVAILABLE TO COMPLETE THE INTERVIEW AT THEIR SCHEDULED DATE AND TIME. THE INTERVIEW WAS RESCHEDULED AT THEIR REQUEST.**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALFRESH NOTICE OF MISSED INTERVIEW.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF _____

Date : 01/02/2019
Name : Mary Jane
Number : MJ12345
Name : Worker
Number : (123) 456-7890
Phone Number : (123) 456-7890
Address : 1234 Street Avenue



Take this action for a hearing. This action tells you how. This action may be changed if you are not satisfied before this action is taken.

You were scheduled for an interview on January 02, 2019 at 10:00 A.M. If you did not attend this appointment. If you still want CalFresh benefits, please contact your worker to schedule another interview.

You must complete your interview with us by January 31, 2019.

You must be interviewed in order for us to determine your eligibility for CalFresh benefits. If you do not complete an interview, you will not be able to get CalFresh benefits.

If you have any questions or want more information, please contact your worker.

NOTICE OF MISSED INTERVIEW (NOMI)

SCENARIO # 3

JESSE WAS SCHEDULED FOR A CALFRESH INTERVIEW ON JANUARY 4, 2019 AT 9:30 A.M. THE CWD CALLED JESSE AND WAS UNABLE TO MAKE CONTACT. JESSE WALKED INTO THE COUNTY OFFICE AT 2:00 P.M. ON THAT SAME DAY AND COMPLETED A FACE TO FACE INTERVIEW WITH A WORKER. IS THE CWD REQUIRED TO SEND A NOMI?

- **A NOMI IS NOT APPROPRIATE. THE CLIENT COMPLETED THE INTERVIEW ON THE SAME DAY. ANY NOMI THAT WAS GENERATED BY A WORKER/SYSTEM SHOULD BE SUPPRESSED.**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CALFRESH NOTICE OF MISSED INTERVIEW

Worker
Worker Number
Telephone Number
Address


Questions? Ask your worker

State Hearing: If you are wrong, you can ask for a hearing. If you win, you can get back the benefits you lost. If you lose, you will not get the benefits you lost.

You were scheduled for an interview, but you did not attend. If you still want CalFresh benefits, you must complete your interview.

You must be interviewed in order for us to determine if you qualify for CalFresh benefits. If you do not complete an interview, you will not be able to get CalFresh benefits.

If you have any questions or want more information, please contact your worker.



EXPEDITED SERVICE



EXPEDITED SERVICE (ES)

A CWD EMPLOYEE OR VOLUNTEER SHALL INFORM POTENTIAL APPLICANTS ORALLY OF THE RIGHT TO EXPEDITED SERVICE AND HOW TO INITIATE THE PROCESS.



MPP 63-301.521

EXPEDITED SERVICE (ES)

ALL CALFRESH APPLICATIONS MUST BE SCREENED FOR ES ENTITLEMENT

- THE CWD SHALL NOT LIMIT ES SCREENING TO SPECIFIC QUESTIONS ON THE APPLICATION
- THE ENTIRE APPLICATION SHOULD BE REVIEWED FOR ES CRITERIA AS INFORMATION MAY BE LISTED IN OTHER AREAS OF THE APPLICATION
- COMPLETION OF THE ES SCREENING QUESTIONS ARE OPTIONAL AND NOT REQUIRED FOR SUBMITTING AN APPLICATION

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less?

☐ Yes ☐ No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts is less than the combined cost of rent/mortgage and utilities?

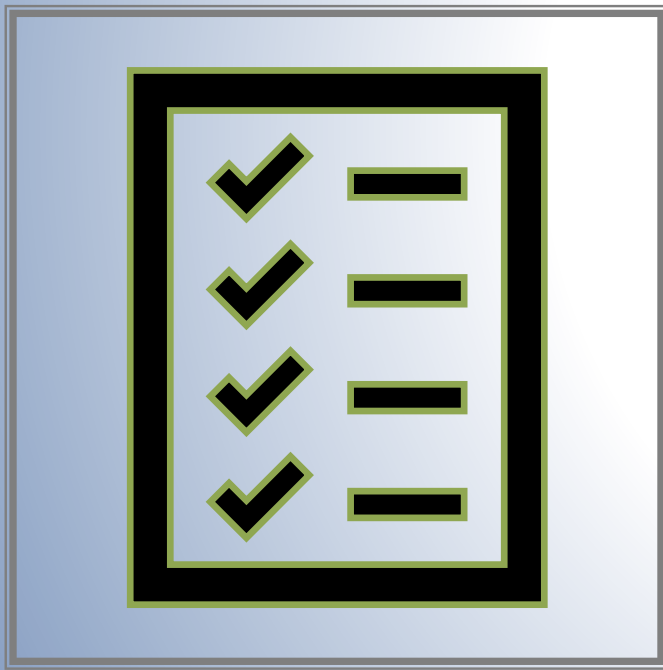
☐ Yes ☐ No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days?

☐ Yes ☐ No

EXPEDITED SERVICE (ES)

APPLICANTS ENTITLED TO ES MUST HAVE ACCESS TO THEIR CALFRESH BENEFITS BY THE THIRD CALENDAR DAY



THE THREE-DAY PROCESSING TIMEFRAME INCLUDES:

- **SCREENING THE APPLICATION**
- **SCHEDULING THE INTERVIEW**
- **CONDUCTING THE INTERVIEW**
- **VERIFYING THE APPLICANT'S IDENTITY**
- **ISSUING BENEFITS ONTO THE EBT CARD**

EXPEDITED SERVICE (ES)

ENTITLED TO ES

**CALFRESH APPLICATION SUBMITTED
ON 10/9/2018**

- **APPLICATION IS SCREENED AND DETERMINED ENTITLED TO ES**
- **THE APPOINTMENT IS SCHEDULED NO LATER THAN 10/12/2018**
- **AFTER THE INTERVIEW, BENEFITS WILL BE ISSUED ON OR BEFORE 10/12/2018**

| October 2018 | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

EXPEDITED SERVICE (ES)

NOT ENTITLED TO ES

CALFRESH APPLICATION SUBMITTED ON 10/1/2018

- APPLICATION IS SCREENED AND DETERMINED NOT ENTITLED TO ES
- THE APPLICATION IS ROUTED FOR NORMAL PROCESSING
- AFTER THE INTERVIEW, BENEFITS WILL BE ISSUED ON OR BEFORE THE 30TH DAY

| October 2018 | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

EXPEDITED SERVICE (ES)

UNABLE TO DETERMINE ES

**CALFRESH APPLICATION SUBMITTED
ON 10/2/2018**

- **APPLICATION IS SCREENED AND
THE CWD IS UNABLE TO
DETERMINE ES**
- **THE APPLICATION IS ROUTED FOR
NORMAL PROCESSING**
- **AFTER THE INTERVIEW, BENEFITS
WILL BE ISSUED ON OR BEFORE
THE 30TH DAY**

| October 2018 | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

EXPEDITED SERVICE (ES)

ES LATE DETERMINATION

CALFRESH APPLICATION SUBMITTED ON 10/9/2018.

- **APPLICATION IS SCREENED AND THE CWD IS UNABLE TO DETERMINE ES**
- **THE APPLICATION IS ROUTED FOR NORMAL PROCESSING, INTERVIEW SCHEDULED ON 10/17/2018**
- **DURING THE INTERVIEW, THE CWD DISCOVERS THE HH IS ELIGIBLE FOR ES**
- **THE BENEFITS WILL BE ISSUED ON OR BEFORE 10/19/2018**

| October 2018 | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

EXPEDITED SERVICE (ES)

THE CASE FILE MUST CONTAIN DOCUMENTATION TO SUPPORT ENTITLEMENT OR NON-ENTITLEMENT FOR ES.

Journal Print

(06/14/2018 11:13 AM, Family Services Specialist II)

Case Number:

Case Name:

Kathrine

Journal Category:

Journal Type:

All

Narrative

Short Description:

CF INTAKE INTERVIEW

Long Description:

Classic

1. INTERVIEW CONDUCTED (F2F/Telephone): F2F

2. INTERVIEWED: Kathrine

3. PROGRAM INTERVIEWED FOR: CF

4. ALL PROGRAMS EXPLORED AND OUTCOME? Not interested in CW due to income/child support

5. HH COMPOSITION (Names, Relationships, Citizenship Status): Kathrine (cit, 28) and her daughter Madelyn (cit, 3)

6. OTHER HH MEMBER AND RELATIONSHIP TO AU: none declared

• Purchase and Prepare (Separate/Together): NA

6. OTHER HH MEMBER AND RELATIONSHIP TO AU: none declared

• Purchase and Prepare (Separate/Together): NA

7. ACTIVE PROGRAMS (If yes, Who, County, Program, ICT Initiated): HH is active MC in County

8. ES REVIEW AND OUTCOME: HH income exceeds expenses-does not meet CF ES criteria

9. EXPLAIN HOW THE CUSTOMER/S HAVE BEEN MEETING THEIR NEEDS: Income from Kathrine's job and child support

VITAL STATS - SSN or ID VERIFIED (For who, how): SSN was MEDS verified for all HH members; photo ID found in imaging for Kathrine

14. INCOME (Name, Source, Frequency, Hours, Amount anticipated): Kathrine Telecommunications (Econtactlive Inc)-works 38 hrs weekly-\$11 hrly-paid weekly on Fridays (provided 4 current paystubs); Madelyn CS from Christopher Walker through DCSS-\$600 monthly (child support verified with CSASS); other declared

• BANK ACCOUNTS: Wells Fargo-checking (\$.79) and savings (\$0); no other declared

• VEHICLES: Kathrine-2009 Mazda 9-\$0 enc-currently registered-\$6000 value; no other declared

• OTHER PROPERTY: none declared

ACIN I-14-11



VOTER REGISTRATION PROCESS

FEDERAL FISCAL YEAR 2019

VOTER REGISTRATION PROCESS

UNDER FEDERAL LAW, CWDs MUST PROVIDE THE FOLLOWING SERVICES AT APPLICATION, RECERTIFICATION, OR WHEN NOTIFIED OF AN ADDRESS CHANGE:

- **PROVIDE AND COLLECT A VOTER REGISTRATION CARD AND PREFERENCE FORM**
- **PROVIDE ASSISTANCE IN COMPLETING THESE FORMS, IF REQUESTED**
- **ACCEPT AND TRANSMIT COMPLETED VOTER REGISTRATION CARDS TO THE COUNTY ELECTIONS OFFICES WITHIN THREE CALENDAR DAYS**
- **CWDs DO NOT INFLUENCE THE CLIENT'S DECISION TO REGISTER OR NOT REGISTER TO VOTE, OR THE CLIENT'S POLITICAL PARTY PREFERENCE**
- **CWDs RETAIN THE VOTER PREFERENCE FORM FOR TWO YEARS**

ACIN I-01-12; ACIN I-04-13; ACL 18-39

VOTER REGISTRATION PROCESS

CHANGES TO THE NATIONAL VOTER REGISTRATION ACT (NVRA) NOW REQUIRE THAT CWDs PROVIDE A VOTER REGISTRATION CARD AND PREFERENCE FORM TO ELIGIBLE 16-17 YEAR OLD CLIENTS, WHETHER OR NOT THEY INDICATE THEY WANT TO REGISTER TO VOTE.

NOTE: CWDs MUST FULFILL THIS RESPONSIBILITY WHETHER THE CLIENT TRANSACTION OCCURS IN PERSON, ONLINE, OVER THE TELEPHONE, OR THROUGH THE MAIL.

VOTER REGISTRATION PROCESS

CDSS WILL CONTINUE TO MONITOR CWDs TO ENSURE NVRA COMPLIANCE DURING THE ME REVIEW.

THE ME TEAM WILL REVIEW TO ENSURE THAT:

- **AT LEAST ONE VOTER REGISTRATION CARD AND PREFERENCE FORM IS PROVIDED WITH EACH APPLICATION, RECERTIFICATION, OR WHEN NOTIFIED OF AN ADDRESS CHANGE**
 - **CWDs ARE NOT REQUIRED TO PROVIDE A VRC AND PREFERENCE FORM FOR EACH HOUSEHOLD MEMBER**
- **VOTER PREFERENCE FORMS ARE RETAINED FOR TWO YEARS**

CALFRESH CASE REVIEW FORMS

FEDERAL FISCAL YEAR 2019



CALFRESH CASE REVIEWS (FFY 2019)

| LARGE COUNTIES | | CASELOAD SIZE 25,000 AND MORE | | |
|----------------|-------------------|-------------------------------|------------------------|--------------------|
| DENIAL CASES | TERMINATION CASES | RECERTIFICATION CASES | INITIAL APPROVAL CASES | TOTAL CASE REVIEWS |
| 15 | 15 | 10 | 10 | <u>50</u> |

| MEDIUM COUNTIES | | CASELOAD SIZE BETWEEN 5,000 AND 24,999 | | |
|-----------------|-------------------|--|------------------------|--------------------|
| DENIAL CASES | TERMINATION CASES | RECERTIFICATION CASES | INITIAL APPROVAL CASES | TOTAL CASE REVIEWS |
| 10 | 10 | 10 | 10 | <u>40</u> |

| SMALL COUNTIES | | CASELOAD SIZE 4,999 OR LESS | | |
|----------------|-------------------|-----------------------------|------------------------|--------------------|
| DENIAL CASES | TERMINATION CASES | RECERTIFICATION CASES | INITIAL APPROVAL CASES | TOTAL CASE REVIEWS |
| 5 | 5 | 5 | 5 | <u>20</u> |

CALFRESH CASE REVIEW FORMS (FFY 2019)

DENIAL

CALFRESH CASE REVIEW FORM DENIAL

| NAME (LAST) (FIRST) | | CASE NUMBER | ANALYST | DATE | COUNTY | WORKER NAME | SAMPLE# | REVIEW MO/YR | VALID | ERROR | REASON: |
|--|--|-------------|---------|------|--------|-------------|---------|--------------|-------|-------|---------|
| Negative Action Reason: Residency _____ Verification/information _____ Voluntary quit _____ Missed interview _____ Failure to complete process _____ Over income _____ Household Comp _____ Voluntary withdrawal _____ Citizenship/Alien Status _____ Ineligible student _____ Other: () _____ | | | | | | | | | | | |
| DENIAL 1. Type of application: Walk-in / Online / Fax / Mail 2. NACF _____ PACF _____ MC-CF _____ 3. Language Preference _____ 4. Application filing date _____ Date of aid preserved? _____ Application available in the case file? _____ Application Signature: Paper / Telephonic / Electronic / Online _____ 5. Interview date _____ or no interview scheduled _____ Was the interview timely (within 3 days if applicable)? _____ How was the HH informed of interview? _____ 6. Was the NOMI timely (if applicable)? Date _____ Did the CWD contact the household for interview? _____ Dates were correct? (compliance date, etc.) _____ 7. Was verification requested (if applicable)? _____ Date of CW 2200 _____ Dates are correct? (due date) _____ or not found _____ Date verification received _____ Timely/Untimely _____ 8. Denied Before/After 30 days _____ Is the CWD on an early denial waiver? _____ 9. NOA sent? Date _____ 10. Was the NOA reason(s) correct? _____ 11. Were notices sent in correct language? _____ 12. Was there case narration? _____ Was the case narration sufficient? _____ | | | | | | | | | | | |
| EXPEDITED SERVICE 1. Was the applicant eligible for ES? 2. Was the application screened for ES? 3. Was there narration for ES? | | | | | | | | | | | |
| COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation) | | | | | | | | | | | |

TERMINATION/RECERTIFICATION

cal fresh BETTER FOOD FOR BETTER LIVING

| NAME (LAST) (FIRST) | | CASE NUMBER | ANALYST | DATE | COUNTY | WORKER NAME | SAMPLE# | REVIEW MO/YR | VALID | ERROR | REASON: |
|---|--|-------------|---------|------|--------|-------------|---------|--------------|-------|-------|---------|
| Negative Action Reason: Residency _____ Verification/information _____ Aid on another case _____ Voluntary quit _____ Missed interview _____ IPV/Sanction _____ Failure to complete process _____ Over income _____ SAR 7 incomplete _____ Household Comp _____ Voluntary discontinuance _____ SAR 7 not received _____ Citizenship/Alien Status _____ Ineligible student _____ Other: () _____ Failure to sign SOF _____ Work registration _____ | | | | | | | | | | | |
| TERMINATION 1. Was the termination action correct? Was action taken timely? Date of action _____ 2. Was there case narration? Was the case narration sufficient? 3. Is there documentation (verification) to support action? Was a verification letter provided (if applicable)? 4. Was a termination notice sent? Date _____ Was the NOA reason(s) correct? (verbiage, etc.) 5. Were notices sent in correct language? 6. Were benefits issued month following termination? 7. Were notice(s) dates correct? (CW 2200, etc.) | | | | | | | | | | | |
| RECERTIFICATION 1. Last approval NOA (for certification): 2. Application available in case file? 3. Application Signature: Paper / Telephonic / Electronic / Online 4. NEC issued _____ 5. Appointment letter issued _____ 6. Date of Interview _____ 7. NOMI issued (if applicable)? Date _____ Was the HH contacted for their interview? 8. Was verifications requested? Was a request letter provided? Date _____ Verifications received (if applicable)? Or not found _____ 9. Was there case narration? Was it sufficient? 10. Timely NOA provided to the HH? Date _____ 11. If approved, was HH provided uninterrupted benefits? 12. Recertification was processed timely? 13. Were notice(s) dates correct? (NOMI, CW2200, etc.) 14. Were notices sent in correct language? | | | | | | | | | | | |
| COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation) | | | | | | | | | | | |

INITIAL APPROVAL

cal fresh BETTER FOOD FOR BETTER LIVING

| NAME (LAST) (FIRST) | | CASE NUMBER | ANALYST | DATE | COUNTY | WORKER NAME | SAMPLE# | REVIEW MO/YR | VALID | ERROR | REASON: |
|---|--|-------------|---------|------|--------|-------------|---------|--------------|-------|-------|---------|
| Initial Approval: 1. Is the application available in the system? Application Filing Date _____ Application Type (e.g. online, mail) _____ Application Signature: Paper/Telephonic/ Electronic/Online _____ Language Preference _____ 2. Screened for Expedited Service (ES)? Eligible for ES? _____ Processed timely per ES standard (3 days)? _____ ES case narration? _____ 3. How was the household informed of their interview? (e.g. appointment letter, telephone) Interview Date _____ Telephone Interview? _____ 4. Date of Notice of Missed Interview (NOMI) Compliance date _____ 5. Date of CW 2200 _____ Given 10 days to provide verification? Verification Due Date _____ Date Verification Received _____ 6. Approval Date _____ Application Processing Day (1-30) _____ Processed timely per regular standard (30 days)? _____ Was a NOA sent? _____ 7. Date Benefits Available _____ Benefits Prorated Correctly? _____ Benefits after the 15th? _____ Was there case narration? Was the case narration sufficient? Were notice(s) dates correct? (NOMI, CW 2200, etc.) Sent in correct language? | | | | | | | | | | | |
| COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation) | | | | | | | | | | | |

DENIAL CASE REVIEW FORM (FFY 2019)



CALFRESH CASE REVIEW FORM DENIAL

VALID _____ ERROR _____

| | | | | |
|---------------------|--|-------------|--------------|-----------------------|
| NAME (LAST) (FIRST) | | CASE NUMBER | SAMPLE# | <u>REASON:</u> |
| ANALYST | | DATE | REVIEW MO/YR | |
| COUNTY | | WORKER NAME | | |

Negative Action Reason:

- | | | |
|--|---|--|
| <input type="checkbox"/> Residency | <input type="checkbox"/> Verification/information | <input type="checkbox"/> Aided on another case |
| <input type="checkbox"/> Voluntary quit | <input type="checkbox"/> Missed interview | <input type="checkbox"/> Work registration |
| <input type="checkbox"/> Failure to complete process | <input type="checkbox"/> Over income | <input type="checkbox"/> Failure to sign SOF |
| <input type="checkbox"/> Household Comp | <input type="checkbox"/> Voluntary withdrawal | <input type="checkbox"/> IPV/Sanction |
| <input type="checkbox"/> Citizenship/Alien Status | <input type="checkbox"/> Ineligible student | <input type="checkbox"/> Other: (_____) |

DENIAL CASE REVIEW FORM (FFY 2019)

| DENIAL | YES | NO | N/A |
|---|-----|----|-----|
| 1. Type of application: Walk-in / Online / Fax / Mail | | | |
| 2. NACF _____ PACF _____ MC-CF _____ | | | |
| 3. Language Preference | | | |
| 4. Application filing date _____ | | | |
| Date of aid preserved? | | | |
| Application available in the case file? | | | |
| Application Signature: Paper / Telephonic / Electronic / Online | | | |
| 5. Interview date _____ or no interview scheduled | | | |
| Was the interview timely (within 3 days if applicable)? | | | |
| How was the HH informed of interview? _____ | | | |
| 6. Was the NOMI timely (if applicable)? Date _____ | | | |
| Did the CWD contact the household for interview? | | | |
| Dates were correct? (compliance date, etc.) | | | |
| 7. Was verification requested (if applicable)? | | | |
| Date of CW 2200 _____ | | | |
| Dates are correct? (due date) | | | |
| Date verification received _____ or not found | | | |
| 8. Denied Before/After 30 days _____ Timely/Untimely | | | |
| Is the CWD on an early denial waiver? | | | |
| 9. NOA sent? Date _____ | | | |
| 10. Was the NOA reason(s) correct? | | | |
| 11. Were notices sent in correct language? | | | |
| 12. Was there case narration? | | | |
| Was the case narration sufficient? | | | |

DENIAL CASE REVIEW FORM (FFY 2019)

EXPEDITED SERVICE

1. Was the applicant eligible for ES?
2. Was the application screened for ES?
3. Was there narration for ES?


YES

NO

N/A

COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation)

TERMINATION CASE REVIEW FORM (FFY 2019)

|  CALFRESH CASE REVIEW FORM TERMINATION/RECERTIFICATION | | | | VALID _____ | ERROR _____ |
|---|---|--|--------------|-------------|-----------------------|
| | | | | SAMPLE# | <u>REASON:</u> |
| NAME (LAST) | (FIRST) | CASE NUMBER | REVIEW MO/YR | | |
| ANALYST | DATE | COUNTY | WORKER NAME | | |
| | | | | | |
| <u>Negative Action Reason:</u> | | | | | |
| <input type="checkbox"/> Residency | <input type="checkbox"/> Verification/information | <input type="checkbox"/> Aid on another case | | | |
| <input type="checkbox"/> Voluntary quit | <input type="checkbox"/> Missed interview | <input type="checkbox"/> IPV/Sanction | | | |
| <input type="checkbox"/> Failure to complete process | <input type="checkbox"/> Over income | <input type="checkbox"/> SAR 7 incomplete | | | |
| <input type="checkbox"/> Household Comp | <input type="checkbox"/> Voluntary discontinuace | <input type="checkbox"/> SAR 7 not received | | | |
| <input type="checkbox"/> Citizenship/Alien Status | <input type="checkbox"/> Ineligible student | <input type="checkbox"/> Other: (_____) | | | |
| <input type="checkbox"/> Failure to sign SOF | <input type="checkbox"/> Work registration | | | | |

TERMINATION CASE REVIEW FORM (FFY 2019)

TERMINATION


1. Was the termination action correct?
Was action taken timely? Date of action _____
2. Was there case narration?
Was the case narration sufficient?
3. Is there documentation (verification) to support action?
Was a verification letter provided (if applicable)?
4. Was a termination notice sent? Date _____
Was the NOA reason(s) correct? (verbiage, etc.)
5. Were notices sent in correct language?
6. Were benefits issued month following termination?
7. Were notice(s) dates correct? (CW 2200, etc.)

[illegible]

RECERTIFICATION CASE REVIEW FORM (FFY 2019)

| <u>RECERTIFICATION</u> | YES | NO | N/A |
|--|-----|----|-----|
| 1. Last approval NOA (for certification): | | | |
| 2. Application available in case file? | | | |
| 3. Application Signature: Paper / Telephonic / Electronic / Online | | | |
| 4. NEC issued _____ | | | |
| 5. Appointment letter issued _____ | | | |
| 6. Date of Interview _____ | | | |
| 7. NOMI issued (if applicable)? Date _____ | | | |
| Was the HH contacted for their interview? | | | |
| 8. Was verifications requested? | | | |
| Was a request letter provided? Date _____ | | | |
| Verifications received (if applicable)? Or not found | | | |
| 9. Was there case narration? | | | |
| Was it sufficient? | | | |
| 10. Timely NOA provided to the HH? Date _____ | | | |
| 11. If approved, was HH provided uninterrupted benefits? | | | |
| 12. Recertification was processed timely? | | | |
| 13. Were notice(s) dates correct? (NOMI, CW2200, etc.) | | | |
| 14. Were notices sent in correct language? | | | |

INITIAL APPROVAL CASE REVIEW FORM (FFY 2019)

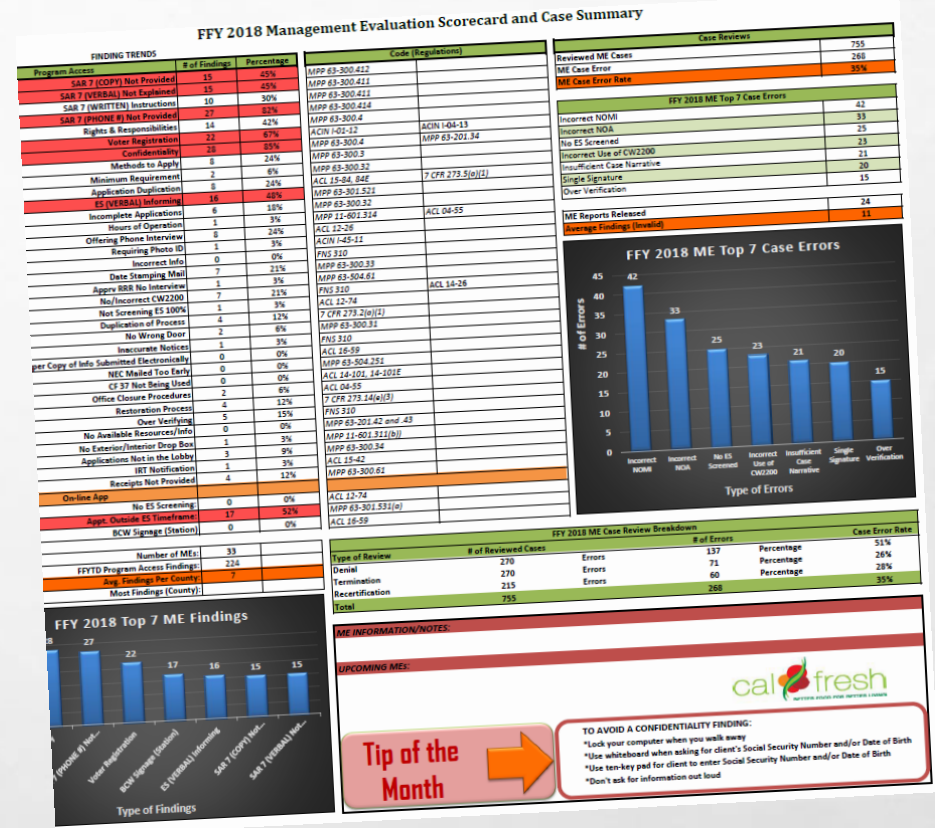
|  CALFRESH CASE REVIEW FORM INITIAL APPROVAL | | | | VALID | ERROR |
|--|---------|-------------|--------------|---------|----------------|
| | | | | SAMPLE# | REASON: |
| NAME (LAST) | (FIRST) | CASE NUMBER | REVIEW MO/YR | | |
| ANALYST | DATE | COUNTY | WORKER NAME | | |
| | | | | | |
| Initial Approval: | | | | YES | NO |
| 1. Is the application available in the system? | | | | | |
| Application Filing Date _____ | | | | | |
| Application Type (e.g. online, mail) _____ | | | | | |
| Application Signature: Paper/Telephonic/ Electronic/Online _____ | | | | | |
| Language Preference _____ | | | | | |
| 2. Screened for Expedited Service (ES)? | | | | | |
| Eligible for ES? | | | | | |
| Processed timely per ES standard (3 days)? | | | | | |
| ES case narration? | | | | | |
| 3. How was the household informed of their interview? | | | | | |
| (e.g. appointment letter, telephone) _____ | | | | | |
| Interview Date _____ | | | | | |
| Telephone Interview? | | | | | |
| 4. Date of Notice of Missed Interview (NOMI) _____ | | | | | |
| Compliance date _____ | | | | | |

INITIAL APPROVAL CASE REVIEW FORM (FFY 2019)

| | | | |
|--|--|--|--|
| 5. Date of CW 2200 _____ | | | |
| Given 10 days to provide verification? | | | |
| Verification Due Date _____ | | | |
| Date Verification Received _____ | | | |
| 6. Approval Date _____ | | | |
| Application Processing Day (1-30) _____ | | | |
| Processed timely per regular standard (30 days)? | | | |
| Was a NOA sent? | | | |
| 7. Date Benefits Available _____ | | | |
| Benefits Prorated Correctly? | | | |
| Benefits after the 15th? | | | |
| 8. Was there case narration? | | | |
| Was the case narration sufficient? | | | |
| 9. Were notice(s) dates correct? (NOMI, CW 2200, etc.) | | | |
| Sent in correct language? | | | |
| | | | |
| COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation) | | | |

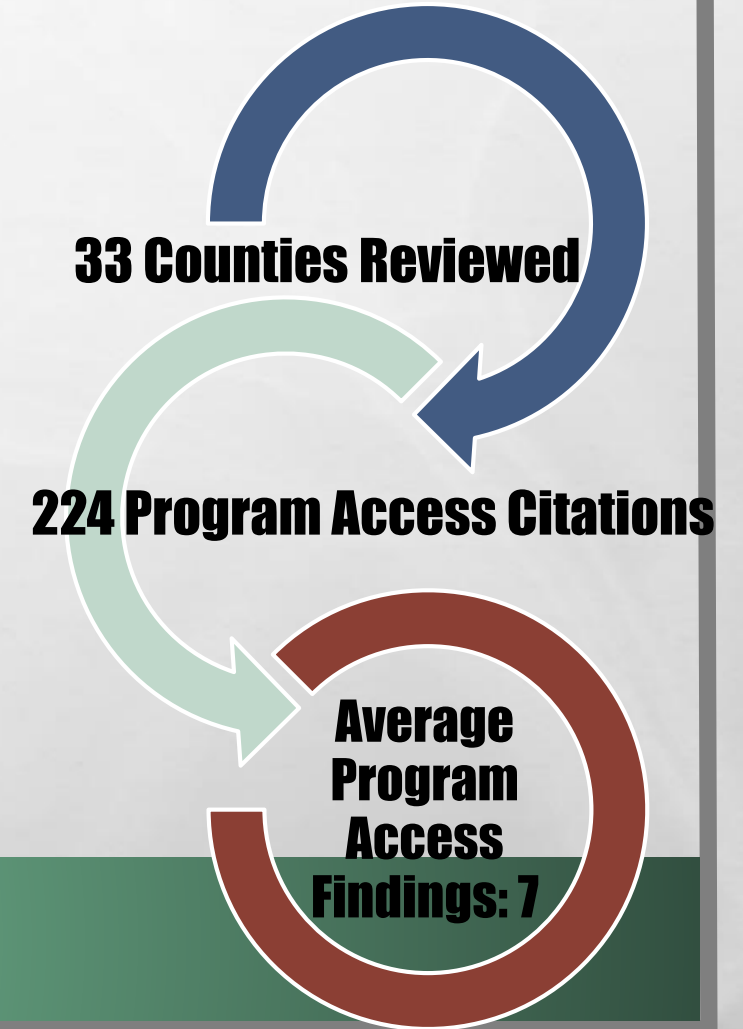
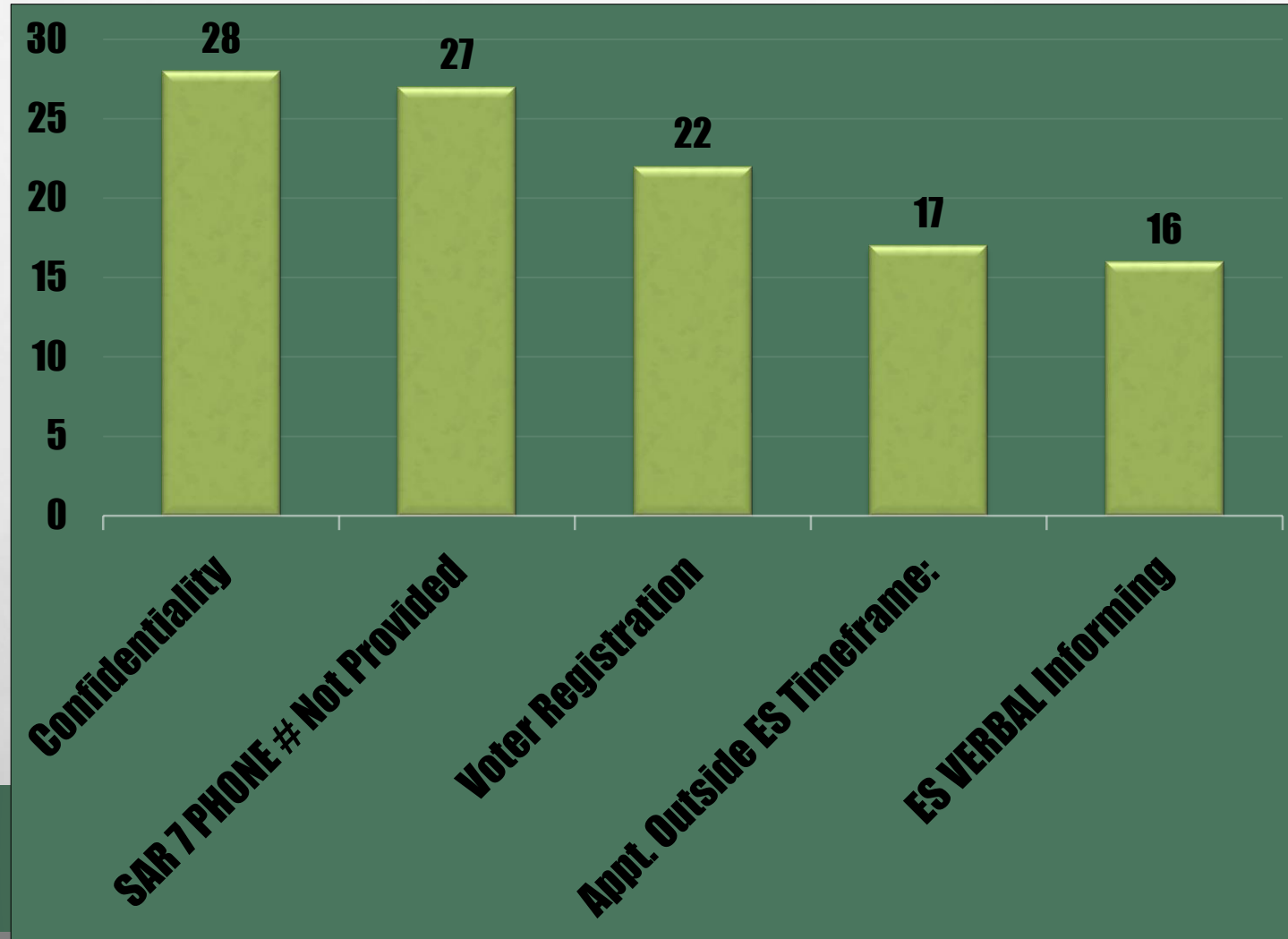
MANAGEMENT EVALUATION SCORE CARD

FEDERAL FISCAL YEAR 2018/2019



ME SCORE CARD (FFY 2018)

PROGRAM ACCESS

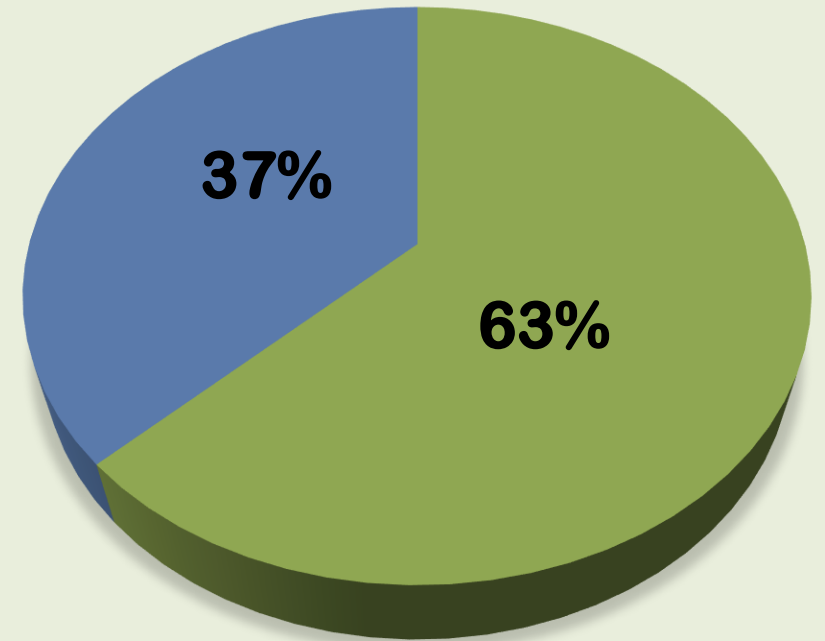


ME SCORE CARD (FFY 2018)

FFY 2018 ME CASE REVIEWS

- **CASES REVIEWED: 1,045**
 - **VALID CASES: 657**
 - **INVALID CASES: 388**
- **AVERAGE CASE REVIEW FINDINGS: 12**

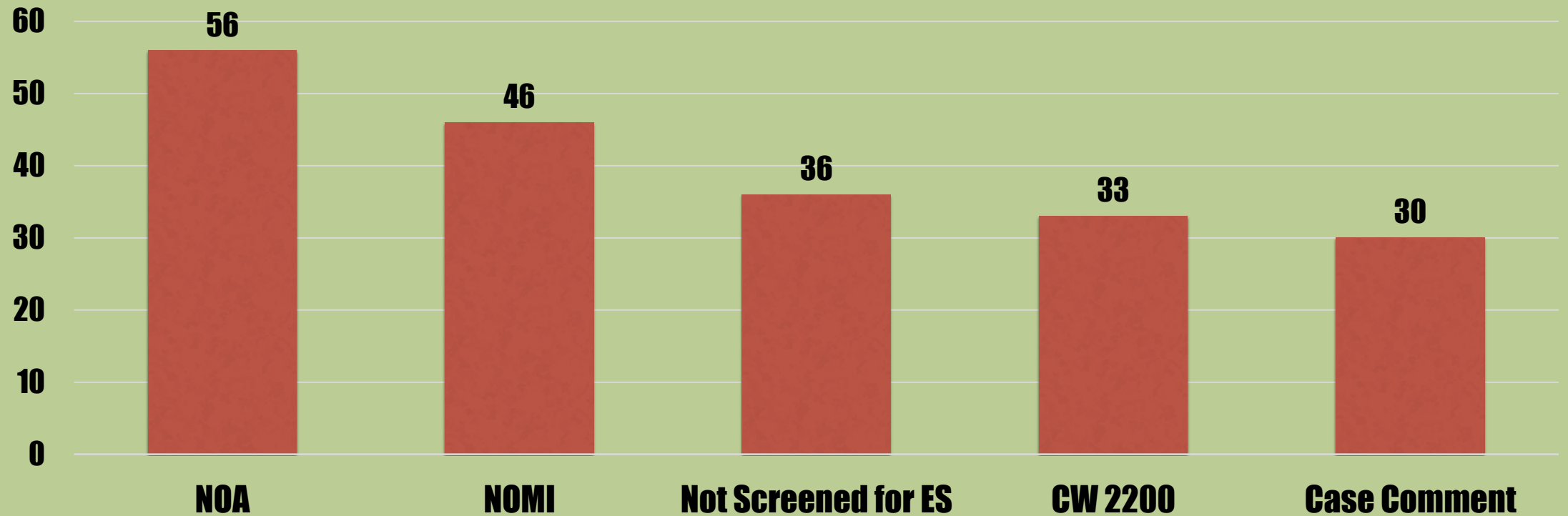
ME CASE REVIEWS



■ VALID ■ INVALID

ME SCORE CARD (FFY 2018)

TOP 5 CASE REVIEW FINDINGS



LARGE

CONTRA COSTA
STANISLAUS
KERN
SAN JOAQUIN
LOS ANGELES
ALAMEDA
SANTA CLARA
SAN BERNARDINO
RIVERSIDE
SAN DIEGO
SACRAMENTO
FRESNO
ORANGE
VENTURA
TULARE
SAN FRANCISCO

MEDIUM

SANTA BARBARA
YUBA
MARIN
YOLO
SOLANO
SANTA CRUZ
MERCED
BUTTE
MADERA
SAN LUIS OBISPO
PLACER
EL DORADO

SMALL

GLENN
PLUMAS
NEVADA
LASSEN
SAN BENITO
SIERRA
NAPA

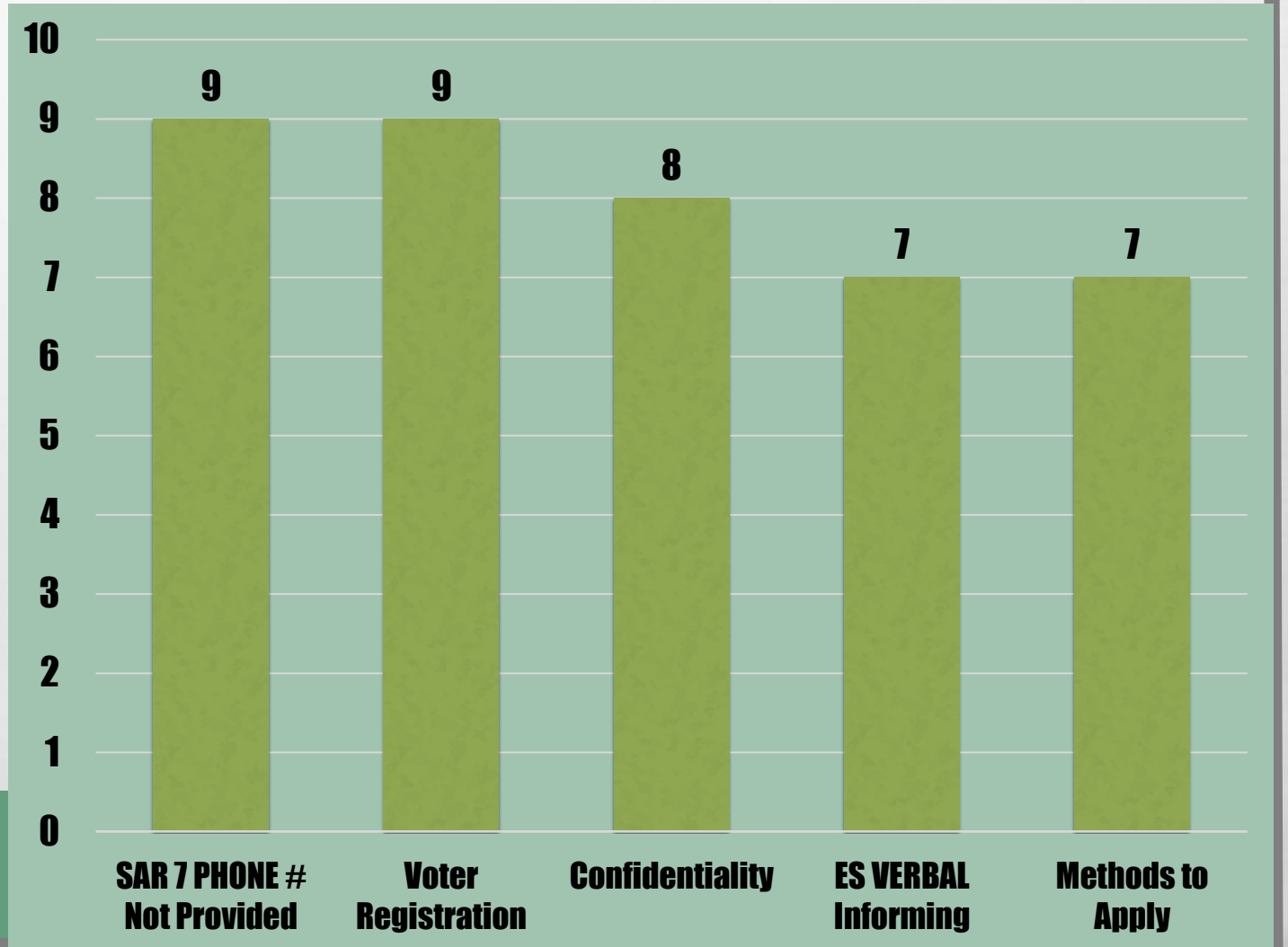
**COUNTIES
SCHEDULED
FOR ME
REVIEWS IN
FFY 2019**

35 ME REVIEWS

ME SCORE CARD (FFY 2019)



PROGRAM ACCESS



ME SCORE CARD (FFY 2019)

PROGRAM ACCESS #1 FINDING

SAR 7 Phone # Not Provided

Regulation

Provide a telephone number which the household may call to ask questions or obtain help in completing the SAR 7.

MPP 63-300.414



This document contains important information about How to Complete the SAR 7 Eligibility Status Report. Call 1-888-472-4463 if you need help completing or have questions about the SAR 7.

Questions 1 & 2

Answer Yes or No

If the answer to either of these questions is YES, provide the updated information in the area provided.

Question 3

If you moved, provide all information in the spaces provided.

Question 4

Answer only if you are receiving cash aid (CalWORKs).

Question 5

If anyone who is 60 years old or older or disabled and receiving CalFresh had an increase in medical costs, provide the updated information in the area provided and attach proof.

Read and answer ALL questions carefully and be sure to attach proof where requested.

Submit report by the 5th of this month.

Report income and expenses for this month/year.

SAR 7 ELIGIBILITY STATUS REPORT

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER 1st AND RETURN IT BY 5th

CASE NUMBER (if any)

NEED HELP? (County Specific instructions in county list)

Worker Name: (PRINT NAME)

Worker Phone:

County:

Street address:

City, State, Zip Code:

SAR CODE:

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh ☐ STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? ☐ Yes ☐ No (If yes, complete the section below)

| Date of Move (mm/dd/yyyy) | Name (First, Middle, Last) | Date Of Birth | Relationship To You | Regularly Purchase And Prepare Food Together? |
|---------------------------|----------------------------|---------------|---------------------|---|
| In Out | | | | YES NO |
| In Out | | | | YES NO |
| In Out | | | | YES NO |

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If yes, complete the section below)

New Address: Date Moved:

Mailing Address (if different than above):

ME SCORE CARD (FFY 2019)

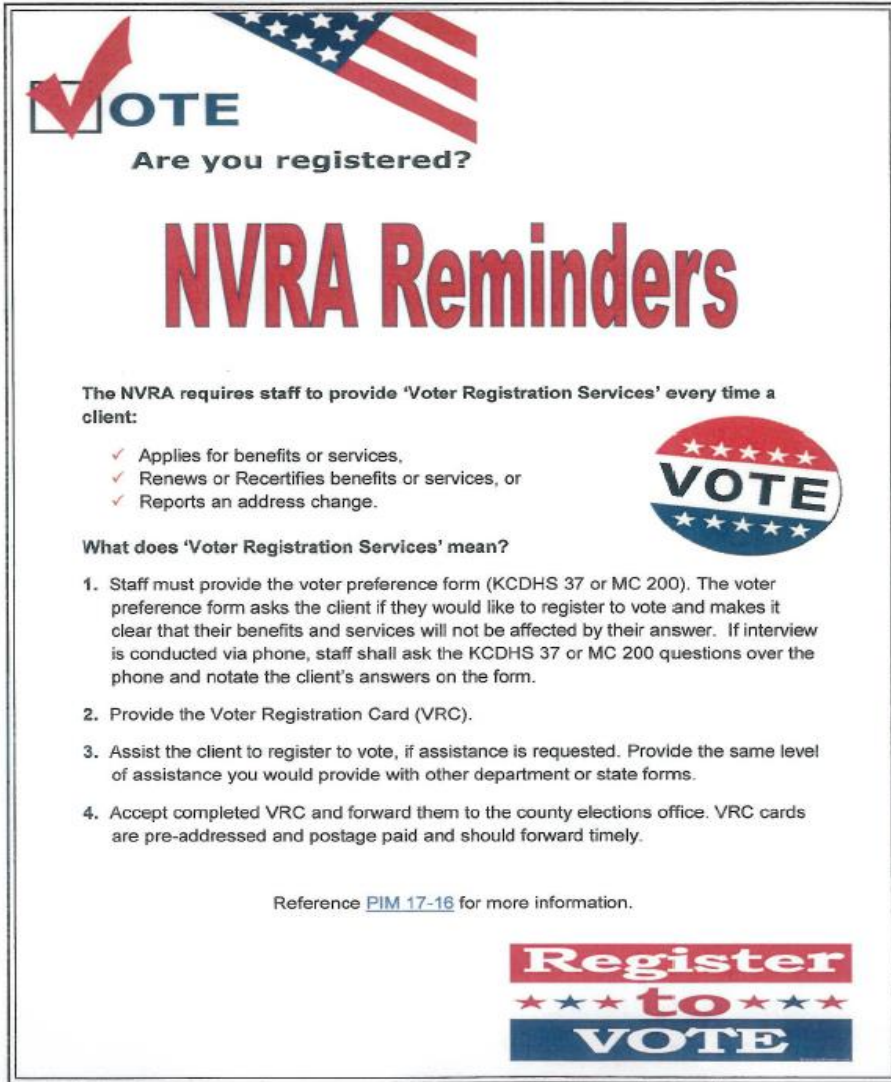
PROGRAM ACCESS # 2 FINDING

Voter Registration

Regulation

Provide a Voter Registration Card and Voter Preference form at application, recertification and when a household reports a change of address.

ACIN I-04-13



The flyer is titled "VOTE Are you registered?" and "NVRA Reminders". It includes a list of services provided by VRS, a definition of "Voter Registration Services", and a list of four requirements for staff. At the bottom, it says "Reference PIM 17-16 for more information." and "Register to VOTE".

VOTE
Are you registered?

NVRA Reminders

The NVRA requires staff to provide 'Voter Registration Services' every time a client:

- ✓ Applies for benefits or services,
- ✓ Renews or Recertifies benefits or services, or
- ✓ Reports an address change.

What does 'Voter Registration Services' mean?

1. Staff must provide the voter preference form (KCDHS 37 or MC 200). The voter preference form asks the client if they would like to register to vote and makes it clear that their benefits and services will not be affected by their answer. If interview is conducted via phone, staff shall ask the KCDHS 37 or MC 200 questions over the phone and notate the client's answers on the form.
2. Provide the Voter Registration Card (VRC).
3. Assist the client to register to vote, if assistance is requested. Provide the same level of assistance you would provide with other department or state forms.
4. Accept completed VRC and forward them to the county elections office. VRC cards are pre-addressed and postage paid and should forward timely.

Reference [PIM 17-16](#) for more information.

Register to VOTE

ME SCORE CARD (FFY 2019)

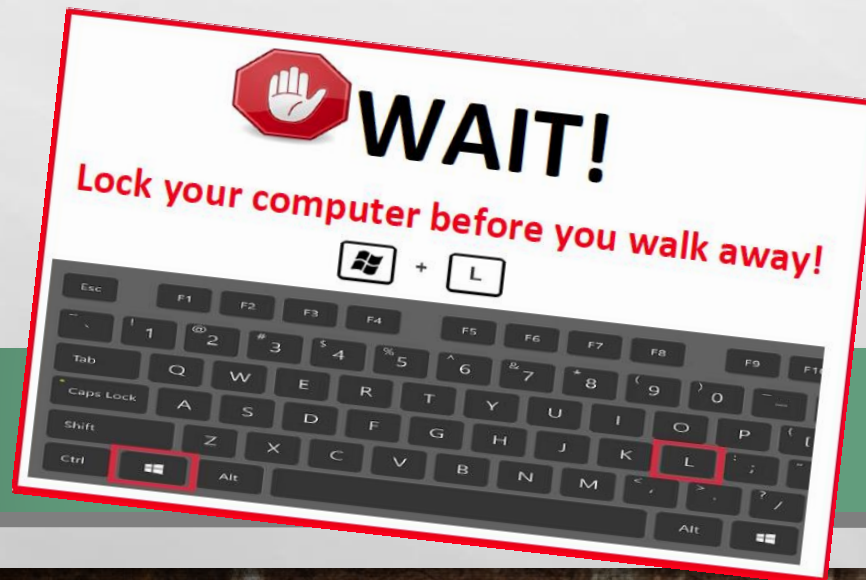
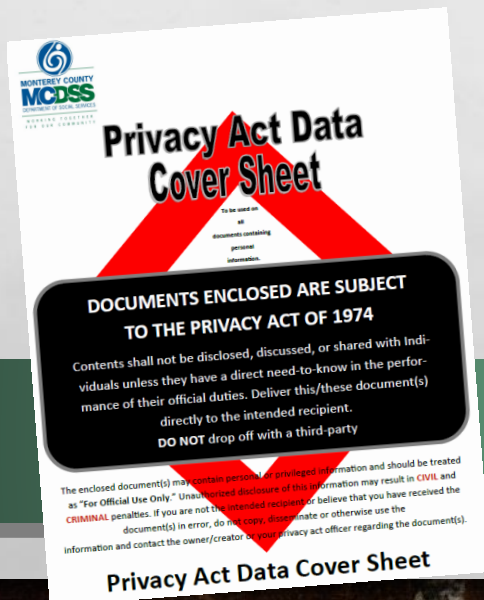
PROGRAM ACCESS # 3 FINDING

Confidentiality

Regulation

Ensure that confidentiality of the applicant and participant's personal information is safeguarded.

MPP 63-201.34



COUNTY OF VENTURA

HUMAN SERVICES AGENCY

Confidential Information Request

In order to assist you and protect your personal information, please provide us with the following information in writing, so that others will not overhear it.

We will destroy this form after assisting you.
(If you prefer to have the form back, please let us know and we will gladly return it to you)

* Note: If you do not have a social security number, please complete this form with your child's information.

| | | | |
|----------------------------|--|---------------|---------------------|
| *Name | | Date of Birth | |
| SSN (Social Security #) | | Gender | M F (Circle one) |
| Case Name | | Case Number | |

56-00-619 (04/13)

CONFIDENTIAL

ME SCORE CARD (FFY 2019)

PROGRAM ACCESS # 4 FINDING

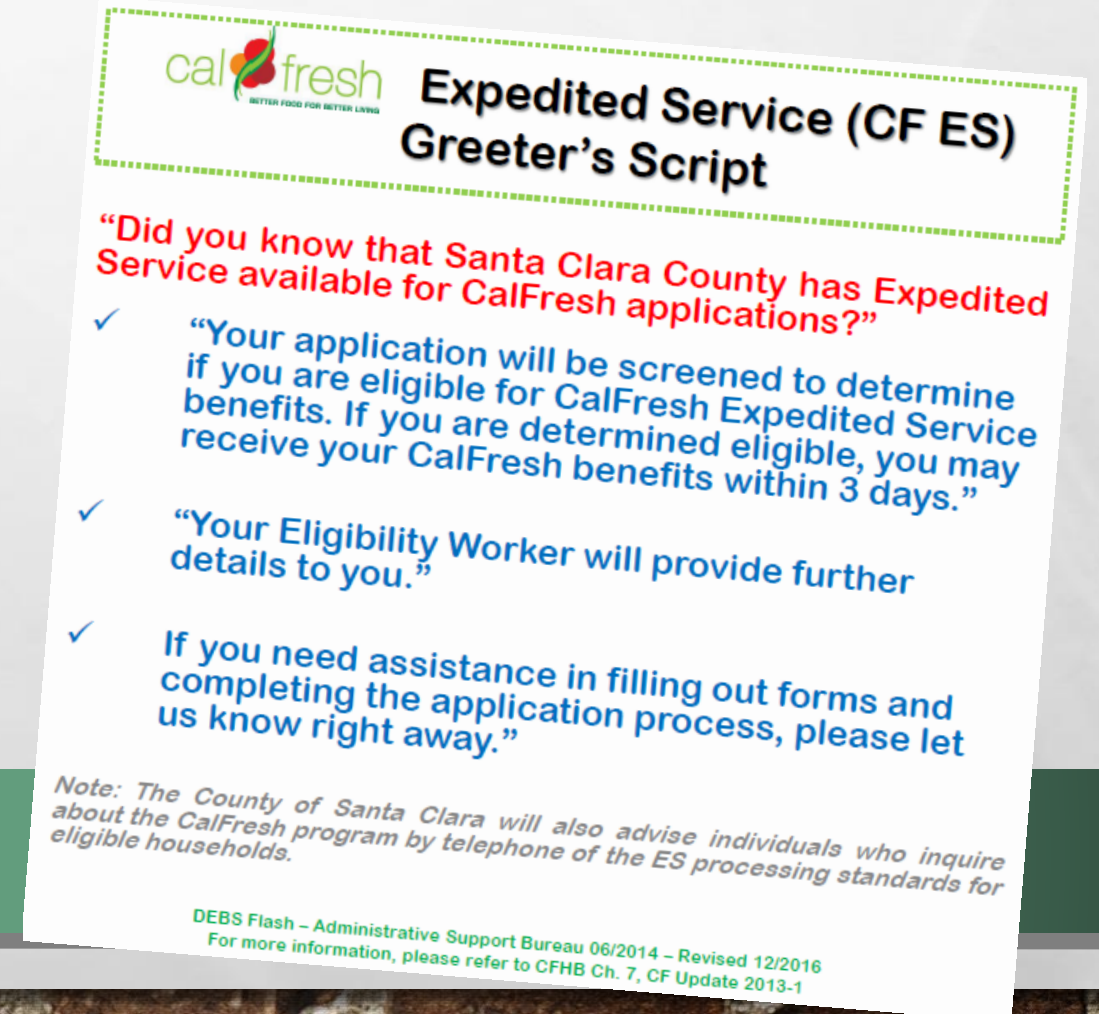
ES Verbal Informing

Regulation

Advise households who inquire about the CalFresh program by telephone of ES.

A CWD employee or volunteer shall inform potential applicants orally of the right to ES and how to initiate the process.

MPP 63-301.521



ME SCORE CARD (FFY 2019)

PROGRAM ACCESS # 5 FINDING

Methods to Apply

Regulation

Ensure that applicants are made aware of the various methods to apply for CalFresh benefits and of their right to file an incomplete application containing only name, address, and signature of a responsible member of the HH.

MPP 63-300.31; .32 and .35

CALFRESH MYSTERY CALLS

These questions will be used to evaluate the assistance and information provided during an initial contact with the county. The following questions will be asked in the context of either requesting CalFresh benefits for themselves or on behalf of a relative. Regulations have been included for clarity. Remind staff that it is not a 'breach of confidentiality' for someone to request benefits on behalf of a relative and they should not panic if this is the case. The responses below should be the same in either scenario.

Calls will happen throughout the day, in the morning, in the afternoon and when the office is closed to find out if there is a recorded message with the office hours to encourage people to apply. Bilingual staff may also make mystery calls to the county using the same approach.

Reviewers will be documenting the county, phone number, office hours and the date/time of the call.

Tehama County staff responses are indicated in red:

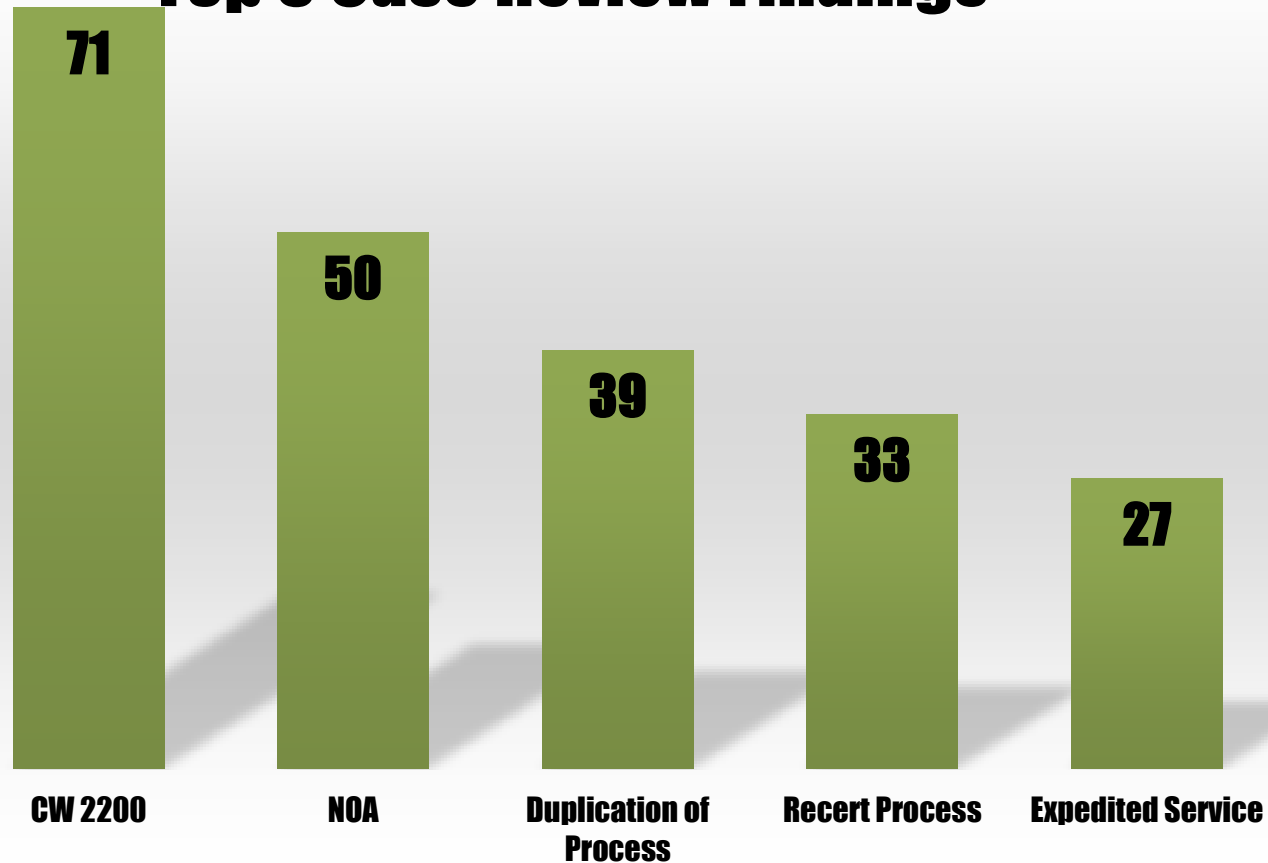
1. I need some help. I would like to get CalFresh benefits. What do I need to do? Do I have to come into the office to apply? MPP 63-300.3 "in person, or through an authorized representative, by mail, fax, through an electronic transmission or through an on-line electronic application." MPP 63-300.31 "Each household shall be advised of their right to file an application, either paper or electronic, on the same day they contact the food stamp office during office hours."

There are many ways to apply for CalFresh benefits. Coming in to the office is one of the options but is not necessary:

- Application can be made electronically, online at C4yourself.com
- Application can be taken by phone (if non-eligibility staff receives this request, explain to customer that they will be forwarded to leave a message for eligibility staff and should leave name and phone number so that their call can be returned)
- Paper application is available to be either picked up in our offices, printed at TCDSS.ORG, or I can mail one to you – you may drop this off at either office during business hours, or at our drop box in the parking lot of the Red Bluff office, or it may be faxed to 530-527-5410, or mailed via USPS

ME SCORE CARD (FFY 2019)

Top 5 Case Review Findings



**450 Cases
Reviewed**


Cases Sampled

**222
Invalid
Cases**

**Average
Case
Review
Findings:
22**

**Case Review Error
Rate: 49.0%**

CALFRESH MANAGEMENT EVALUATION WEBPAGE



The screenshot shows the CalFresh Management Evaluations webpage. The header features the .GOV logo, the CDSS logo, and the text "Department of Social Services". A navigation bar includes links for Information & Resources, Letters/Regulations, Forms/Brochures, Fiscal/Financial, and Data Portal. The main content area is titled "Management Evaluations" and includes sections for Schedules, Tools, ME Road Show, and County Operations. A right sidebar contains links for Programs, Hot Topics, Quick Links, and a "Want to Apply?" section with a "CalFresh Home" button.

Department of Social Services

Select Language
Powered by Google Translate
[Disclaimer](#)

[Home](#) [Information & Resources](#) [Letters/Regulations](#) [Forms/Brochures](#) [Fiscal/Financial](#) [Data Portal](#)

[CDSS Programs](#) :: [CalFresh Resource Center](#) :: [Management Evaluations](#)

Management Evaluations

Schedules

- [Management Evaluation Schedule 2018-2019](#)
- [Management Evaluation Schedule 2017-2018](#)
- [Management Evaluation Schedule 2016-2017](#)

Tools

- [Management Evaluation Checklist](#)
- [Best Practices](#)

ME Road Show

- [Back to Basics Presentation](#)

CDSS ME Review Guides

- [Program Access](#)
- [Online Applications](#)
- [Mystery Calls](#)
- [Document Imaging](#)
- [Website Review](#)
- [ME Case Review Form](#)

County Operations

- [Call Center Functionality](#)

Programs

- [CalFresh Outreach](#)
- [Disaster CalFresh](#)
- [Food Distribution Unit \(FDU\)](#)
- [Employment and Training \(E&T\)](#)
- [Nutrition Education \(SNAP-Ed\)](#)

Hot Topics

- [Able-Bodied Adults Without Dependents \(ABAWDs\)](#)
- [State Hub Roadmap](#)
- [Reversing SSI Cash Out](#)

Quick Links

- [CalFresh Resource Center](#)
- [CalFresh Data Dashboard](#)

Want to Apply?

[Learn More About CalFresh](#)
CalFresh Benefits Helpline
1-877-847-3663
[CalFresh Home](#)

<http://www.cdss.ca.gov/inforesources/CalFresh-Resource-Center/Management-Evaluations>

QUESTIONS?

